

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M97000000490  
 1. Entity Name  
 PENSACOLA 1997 ASSOCIATES, L.L.C.



Principal Place of Business  
 15 MAPLE AVE  
 MORRISTOWN, NJ 07960

Mailing Address  
 15 MAPLE AVE  
 MORRISTOWN, NJ 07960

**DO NOT WRITE IN THIS SPACE**



07262004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 22-2540163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)  
 \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

U00000163275  
 08/12/04-80001-008 600.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SP PENSACOLA MANAGEMENT CORP. 15 MAPLE AVE MORRISTOWN, NJ 07960
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*[Signature]* 8/9/04      973-734-4232  
 Date      Daytime Phone #